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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Patent Number	7,258,670
	Issue Date	August 21, 2007
	First Named Inventor	Bardy, Gust H.
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	003.0341.US.CON

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Correction Certificate of Correction Transmittal Letter Postcard
Remarks		

Certificate
OCT 10 2007
of Correction

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Cascadia Intellectual Property		
Signature	<i>Krista A. Wittman</i>		
Printed name	Krista A. Wittman		
Date	September 28, 2007	Reg. No.	59594

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature	<i>Natalia Li-Chapman</i>		
Typed or printed name	Natalia Li-Chapman	Date	September 28, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Bardy, Gust H.

Patent No.: 7,258,670

Issued: August 21, 2007

Title: System And Method For Diagnosing
And Monitoring Respiratory
Insufficiency For Automated Remote
Patient Care

Group Art Unit:

Examiner:

Attorney Docket No.: 003.0341.US.CON

Commissioner for Patents
Alexandria, VA 22313-1450

CERTIFICATE OF CORRECTION TRANSMITTAL LETTER

Sir:

Enclosed herewith please find a Certificate of Correction, submitted to correct errors in the published patent. Typographical errors appear in Column 24, lines 39 and 44-55.

No fee is enclosed, as the typographical errors were made by the U.S. Patent and Trademark Office.

Acceptance and publication of the Certificate of Correction are respectfully requested. Please contact the undersigned at (206) 381-3900 regarding any questions or concerns associated with the present matter

Respectfully Submitted,

By Krista A. Wittman

Krista A. Wittman, Esq.

Attorney/Agent for Applicant(s)

Reg. No. 59594

Date: September 28, 2007

Telephone No.: (206) 381-3900

OCT 10 2007

UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

PATENT NO. : 7,258,670
DATED : August 21, 2007
INVENTOR(S) : Bardy, Gust H.

It is certified that errors appear in the above-identified patent and that said Letters Patent
is hereby corrected as shown below:

Column 24.

Line 39, "code for determining a patient status" should read as a new paragraph;
Lines 44-55 should read as a one continuous paragraph.

MAILING ADDRESS OF SENDER:
Cascadia Intellectual Property
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PATENT NO: 7,258,670

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